



## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Agency for Healthcare Research and Quality

#### Agency Information Collection Activities: Proposed Collection; Comment Request

**AGENCY:** Agency for Healthcare Research and Quality, HHS.

**ACTION:** Notice.

**SUMMARY:** This notice announces the intention of the Agency for Healthcare Research and Quality (AHRQ) to request that the Office of Management and Budget (OMB) reapprove the proposed information collection project: *“Medical Expenditure Panel Survey – Insurance Component.”*

This proposed information collection was previously published in the *Federal Register* on September 6<sup>th</sup>, 2022 and allowed 60 days for public comment. AHRQ received no substantive comments from members of the public during this period. The purpose of this notice is to allow an additional 30 days for public comment.

**DATES:** Comments on this notice must be received by [INSERT DATE 30 DAYS AFTER DATE OF PUBLICATION IN THE *FEDERAL REGISTER*].

**ADDRESSES:** Written comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to [www.reginfo.gov/public/do/PRAMain](https://www.reginfo.gov/public/do/PRAMain). Find this particular information collection by selecting "Currently under 30-day Review - Open for Public Comments" or by using the search function.

**FOR FURTHER INFORMATION CONTACT:** Doris Lefkowitz, AHRQ Reports Clearance Officer, (301) 427-1477, or by email at [doris.lefkowitz@AHRQ.hhs.gov](mailto:doris.lefkowitz@AHRQ.hhs.gov).

## **SUPPLEMENTARY INFORMATION:**

### **Proposed Project**

#### ***Medical Expenditure Panel Survey – Insurance Component***

In 2021 employer-sponsored health insurance was the source of coverage for 90.5 million current and former workers, plus many of their family members, and is a cornerstone of the U.S. health care system. The Medical Expenditure Panel Survey – Insurance Component (MEPS-IC) measures the extent, cost, and coverage of employer-sponsored health insurance on an annual basis. These statistics are produced at the National, State, and sub-State (metropolitan area) level for private industry. Statistics are also produced for State and Local governments.

This research has the following goals:

- 1) to provide data for Federal policymakers evaluating the effects of National and State health care reforms.
- 2) to provide descriptive data on the current employer-sponsored health insurance system and data for modeling the differential impacts of proposed health policy initiatives.
- 3) to supply critical State and National estimates of health insurance spending for the National Health Accounts and Gross Domestic Product.

This study is being conducted by AHRQ through the Bureau of the Census, pursuant to AHRQ's statutory authority to conduct and support research on healthcare and on systems for the delivery of such care, including activities with respect to the cost and use of health care services and with respect to health statistics and surveys. 42 U.S.C. 299a(a)(3) and (8); 42 U.S.C. 299b-2.

### **Method of Collection**

To achieve the goals of this project the following data collections for both private sector and state and local government employers will be implemented:

- 1)      Prescreener Questionnaire – The purpose of the Prescreener Questionnaire, which is collected via telephone, varies depending on the insurance status of the establishment contacted (establishment is defined as a single, physical location in the private sector and a governmental unit in state and local governments). For establishments that do not offer health insurance to their employees, the prescreener is used to collect basic information such as number of employees. Collection is completed for these establishments through this telephone call. For establishments that do offer health insurance, contact name and address information is collected that is used for the mailout of the establishment and plan questionnaires. Obtaining this contact information helps ensure that the questionnaires are directed to the person in the establishment best equipped to complete them.
- 2)      Establishment Questionnaire – The purpose of the mailed Establishment Questionnaire is to obtain general information from employers that provide health insurance to their employees. Information such as total active enrollment in health insurance, other employee benefits, demographic characteristics of employees, and retiree health insurance is collected through the establishment questionnaire.
- 3)      Plan Questionnaire – The purpose of the mailed Plan Questionnaire is to collect plan-specific information on each plan (up to four plans) offered by establishments that provide health insurance to their employees. This questionnaire obtains information on total premiums, employer and employee contributions to the premium, and plan enrollment for each type of coverage offered – single, employee-plus-one, and family – within a plan. It also asks for information on deductibles, copays, and other plan characteristics.

The primary objective of the MEPS-IC is to collect information on employer-sponsored health insurance. Such information is needed in order to provide the tools for Federal, State, and

academic researchers to evaluate current and proposed health policies and to support the production of important statistical measures for other Federal agencies.

### **Estimated Annual Respondent Burden**

Exhibit 1 shows the estimated annualized burden hours for the respondent's time to participate in the MEPS-IC. The Prescreener questionnaire will be completed by 25,200 respondents and takes 5 minutes to complete. The Establishment questionnaire will be completed by 21,738 respondents and takes 20 minutes to complete. The Plan questionnaire will be completed by 19,246 respondents and will require an average of 2.3 responses per respondent. Each Plan questionnaire takes 11 minutes to complete. The total annualized burden hours are estimated to be 17,461 hours.

Exhibit 2 shows the estimated annualized cost burden associated with the respondents' time to participate in this data collection. The annualized cost burden is estimated to be \$619,691.

#### **Exhibit 1. Estimated annualized burden hours for the 2023-2025 MEPS-IC**

Form Name	Number of Respondents	Number of responses per respondent	Hours per response	Total Burden hours
Prescreener Questionnaire	25,200	1	5/60	2,100
Establishment Questionnaire	21,738	1	20/60*	7,246
Plan Questionnaire	19,246	2.3	11/60	8,115
Total	66,184	na	na	17,461

\* The burden estimate printed on the establishment questionnaire is 45 minutes which includes the burden estimate for completing the establishment questionnaire and two plan questionnaires

(on average, each establishment completes 2.3 plan questionnaires). The establishment and plan questionnaires are sent to the respondent as a package and are completed by the respondent at the same time.

**Exhibit 2. Estimated annualized cost burden for the 2023-2025 MEPS-IC**

Form Name	Number of Respondents	Total Burden hours	Average Hourly Wage Rate*	Total Cost Burden
Prescreener Questionnaire	25,200	2,100	35.49	\$74,529
Establishment Questionnaire	21,738	7,246	35.49	\$257,161
Plan Questionnaire	19,246	8,115	35.49	\$288,001
<b>Total</b>	66,184	17,461	na	\$619,691

\*Based upon the mean hourly wage for Compensation, Benefits, and Job Analysis Specialists occupation code 13-1141, at <https://www.bls.gov/oes/current/oes131141.htm> (U.S. Department of Labor, Bureau of Labor Statistics.)

**Request for Comments**

In accordance with the Paperwork Reduction Act, 44 U.S.C. 3501-3520, comments on AHRQ's information collection are requested with regard to any of the following: (a) whether the proposed collection of information is necessary for the proper performance of AHRQ's health care research and health care information dissemination functions, including whether the information will have practical utility; (b) the accuracy of AHRQ's estimate of burden (including hours and costs) of the proposed collection(s) of information; (c) ways to enhance the quality,

utility and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information upon the respondents, including the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and included in the Agency's subsequent request for OMB approval of the proposed information collection. All comments will become a matter of public record.

**Dated:** November 14, 2022.

**Marquita Cullom,**

*Associate Director.*

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